



UNITED STATES DEPARTMENT OF THE INTERIOR  
**AWARD CERTIFICATION**

\_\_\_\_\_  
(Recipient)

**Is Presented a:**

***Monetary Award or Recognition***

\_\_\_\_\_ **On-the-Spot** Award in the net amount of \$ \_\_\_\_\_

\_\_\_\_\_ **STAR Award** in the gross amount of \$ \_\_\_\_\_

\_\_\_\_\_ **Quality Step Increase** (sustained exceptional performance pay increase)

\_\_\_\_\_ **Time Off Recognition**--number of hours \_\_\_\_\_

\_\_\_\_\_ **Non-Monetary Recognition** with a cash value of \$ \_\_\_\_\_

\_\_\_\_\_ **Interior Innovation Award** (\$1,000 increase to operating budget)

\_\_\_\_\_ **Continuous Improvement Incentive** (check appropriate award above)

***Bureau-Specific Award*** \_\_\_\_\_  
(Title)

***Honor Award***

- **Highest Honors:**
  - \_\_\_\_\_ **Distinguished Service Award**
  - \_\_\_\_\_ **Conservation Service Award**
- **Mid-Level Honors:**
  - \_\_\_\_\_ **Meritorious Service Award**
  - \_\_\_\_\_ **Outstanding Service Award**
  - \_\_\_\_\_ **Unit Award for Excellence of Service**
- **Initial Honors:**
  - \_\_\_\_\_ **Superior Service Award**
  - \_\_\_\_\_ **Citizen's Award for Exceptional Service**
- **Heroic Act Honors:**
  - \_\_\_\_\_ **Valor Award**
  - \_\_\_\_\_ **Citizen's Award for Bravery**
  - \_\_\_\_\_ **Exemplary Act Award**

**JUSTIFICATION** Required only for monetary awards, innovation awards, non-monetary recognition of significant value, or time off recognition. Citation is justification for honor awards. Attach copy of citation.

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**APPROVED BY:** \_\_\_\_\_

(Signature, Title, Date, and Telephone Number including Area Code.)

**ADDITIONAL SIGNATURES**

[As required by Bureau delegations]

\_\_\_\_\_  
(Signature and Date)

\_\_\_\_\_  
(Signature and Date)

**FINANCIAL ACTION RECORD** This record is to initiate payment, accounting and tax transactions for STAR awards, On-the-Spot awards, and non-monetary recognition of significant value. Do not complete for Quality Step Increases, Time Off recognition, Interior Innovation Award or Honor Awards.

Recipient Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
Bureau

\_\_\_\_\_  
Sub-Bureau

\_\_\_\_\_  
Block

\_\_\_\_\_  
Org. Code

\_\_\_\_\_  
Cost Account

**MONETARY AWARD TO BE PAID THROUGH IMPREST (ON-THE-SPOT)**

Amount Authorized for Imprest Payment (Hours Code 66A) \$ \_\_\_\_\_ (Net Amount)  
Amount Including Taxes (Amount Paid divided by .55) (Hours Code 30A) \$ \_\_\_\_\_ (Gross Amount)

**IMPREST FUND PAYMENT RECORD** (To be Completed by Imprest Fund Cashier)

Paid by: Cash [ ☐ ] Third Party Draft [ ☐ ] Subvoucher # \_\_\_\_\_

Received by Signature and Date: \_\_\_\_\_

**MONETARY AWARD TO BE PAID THROUGH THE PAYROLL SYSTEM (STAR OR ON-THE-SPOT)**

Total Cash Award (Hours Code 30A) \$ \_\_\_\_\_ (Gross Amount)  
Pay Period to be Processed by Payroll \_\_\_\_\_

**NON-MONETARY RECOGNITION OF SIGNIFICANT VALUE** (Date Presented: \_\_\_\_\_ )

Cash Value of Award (Hours Code 66A) \$ \_\_\_\_\_ (Net Amount)  
Value Including Taxes (Cash Value divided by .55) (Hours Code 30A) \$ \_\_\_\_\_ (Gross Amount)

**Disposition of this form:** Original to servicing personnel office, copy to recipient. For STAR awards, On-the-Spot awards, and non-monetary recognition of significant value FAX page 2 of this form to the Payroll Operations Division. This fax is in lieu of original. **DO NOT SEND ORIGINAL OF THIS DOCUMENT TO PAYROLL.**

Note: Information on this form is protected by the Privacy Act. Disclosure may be made only to authorized persons according to Title 5 U.S.C., Section 552a(b).